

**IMPOUNDMENT INFORMATION RECORD**

LS-6 NEW 10-98

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
INSURANCE COMPLIANCE SECTION**INSTRUCTIONS:**

1. Send completed original to DMV.
2. Keep photocopy for your records.

**SECTION-1 POLICE DEPARTMENT INFORMATION**

NAME OF LAW ENFORCEMENT ORGANIZATION

*(Number and Street)**(City or Town)**(State)**(Zip Code)*

NAME OF OFFICER IMPOUNDING VEHICLE

ORGANIZATION CODE

AUTHORIZATION CODE

**SECTION-2 VEHICLE INFORMATION**

YEAR

MAKE

MODEL

REGISTRATION NUMBER AND TYPE *(Passenger, Combination, etc.)*

VEHICLE IDENTIFICATION NUMBER (VIN)

NAME OF STORAGE LOCATION

ADDRESS OF STORAGE LOCATION

*(Number and Street)**(City or Town)**(State)**(Zip Code)***DATE OF IMPOUNDMENT**

The above described vehicle has been impounded in accordance with Public Act 98-215.

SIGNATURE OF POLICE OFFICER

X